

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001410

1. Entity Name

SPARKS PARTNERSHIP, LTD.

Principal Place of Business

2580 SOUTH OCEAN BLVD., #2A2  
PALM BEACH FL 33480

Mailing Address

2580 SOUTH OCEAN BLVD., #2A2  
PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

APPROVED  
AND  
FILED

02 JUL 15 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0844039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPARKS, HAROLD N  
2580 SOUTH OCEAN BLVD., #2A2  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$7,200,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

7,200,000  
7,200,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SPARKS, HAROLD N  
2580 SOUTH OCEAN BLVD., #2A2  
PALM BEACH FL 33480

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

900006466139--1

-07/17/02--01004--019

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SPARKS, REBECCA ANN  
2115 SOUTH MARIAH  
DENVER CO 80210

STREET ADDRESS

CITY-ST-ZIP

317 Ogden Avenue.

TEANECK, NJ 07666

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/6/02

561-547-5351

0001266 AT

CR2E003 (4/02)

STAPLE CHECK HERE